

Additional Learning Support Disclosure 20/21

Return form to: Student Support, room 013 University Centre Peterborough, support@ucp.ac.uk

Student ID Number:	Contact Number:		
Student Name:	Email:		
	Age:	Date of Birth:	Gender:
Previous School:	LDA Assessment:		
	EHC Plan:		
Are you under 21 and either looked after by the Local Authority or a Care provider?			
Is English your first language? Y/N	If no, state language		
Disability:			

How does your difficulty affect your learning? (please tick all that apply)

Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>	Handwriting <input type="checkbox"/>	Mobility <input type="checkbox"/>	Social Skills <input type="checkbox"/>
Attendance <input type="checkbox"/>	Personal Care <input type="checkbox"/>	Behaviour <input type="checkbox"/>	Motivation <input type="checkbox"/>	Concentration <input type="checkbox"/>	Understanding <input type="checkbox"/>
Memory <input type="checkbox"/>	Literacy <input type="checkbox"/>	Numeracy <input type="checkbox"/>	Other		

Other Details

Please give us a general description of your difficulty / disability / support needs	
Do you have a formal diagnosis of a learning difficulty/disability by a specialist teacher, education psychologist or other?	Yes / No If Yes please specify
Do you have any health problems or mobility issues that require support (e.g. epilepsy, mental health difficulties)?	Yes / No If Yes please specify
Did/do you receive additional support at School, College or University	Yes / No If Yes please specify
Have you previously had Exam Access Arrangements (e.g. a reader, scribe, 25% extra time)?	Yes / No If Yes please specify

Privacy Statement

Peterborough Regional College is the data controller in respect of the data collected on this form. We will use your data for the purposes of education, additional learning support and special educational needs, health and wellbeing needs pre entry, whilst on programme and for progression. We may share your data externally with appropriate supporting agencies and relevant Local Authority. We may share your data internally with college staff directly involved in providing educational support. We will not disclose your data to any other third parties with the exception of the above, where we are otherwise required by law or where you have given your consent in advance. A copy of our Data Protection policy is available from reception.

Consent

I confirm that the above data is accurate and I will notify you of any changes to this information. I give my permission for the data to be used in accordance with the privacy statement above.

Signed.....Print..... (Student)

Date/...../.....

Verbal Information

I confirm that I have explained the privacy notice verbally and consent has been agreed.

Signed.....Print..... (Staff)

Date/...../.....